



Electrical Permit Application

THE BUILDING DIVISION
4800 S 188th St
SeaTac, WA 98188
206-973-4750

PERMIT # ELE_____

Project Address:	Parcel #:
Applicant: Address:	Phone:
Contact Person:	Phone:
Property Owner: Address:	Phone:
Tenant:	Phone:
Contractor: City Business Lic. #: State Contractor Lic. #:	Phone:
Description of Work:	
Value of Work: \$	Served By: <input type="checkbox"/> City Light <input type="checkbox"/> Puget Sound Energy
Number Of New Or Altered Circuits:	
Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Service Change <input type="checkbox"/> Remodel <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Manf. Home <input type="checkbox"/> Noise Remedy <input type="checkbox"/> Repair <input type="checkbox"/> Low Voltage <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Demo <input type="checkbox"/> Moved House	
Will the Service Be Altered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adding More Than 50 Amps? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family Dwelling <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____	
Type of Structure: <input type="checkbox"/> Building <input type="checkbox"/> Residential Garage <input type="checkbox"/> Carport <input type="checkbox"/> Shed <input type="checkbox"/> Pool <input type="checkbox"/> Deck <input type="checkbox"/> Outbuilding <input type="checkbox"/> Modular House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Tower <input type="checkbox"/> Factory Assembled Structure <input type="checkbox"/> Other _____	
Type of Business: <input type="checkbox"/> None <input type="checkbox"/> Business <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Repair Garage <input type="checkbox"/> Manufacturing <input type="checkbox"/> Education <input type="checkbox"/> Professional Services <input type="checkbox"/> Day Care <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Food Service <input type="checkbox"/> Government <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____	

I certify that I am the ☐ Owner ☐ Contractor

Applicant Signature: _____ Date: _____

Printed Name: _____